

# Application for the Vermont Spay Neuter Incentive Program (VSNIIP)

Case # \_\_\_\_\_ Signature of Administrator \_\_\_\_\_ Date Approved \_\_\_\_\_

**IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE CALL 1-855-478-7647 OR  
E-MAIL AT VSNIIP@STATE.VT.US**

Please print clearly and complete the entire form. **Incomplete applications will be returned.**

The VSNIIP program is open to any Vermonter who has a **total gross monthly household income(s) at or below 185% of the federal poverty level (FPL)**. To determine if your household income is below 185% of the FPL, please go to: <http://VSNIIP.vt.gov>

## Client Information

<b>Applicant's Name</b> (only one person may apply per application)		<b>Last 4 digits of social security number</b>	
<b>Phone Number(s)</b>		<b>Email Address</b>	
<b>Mailing Address</b> (Street, PO Box, Town, State, and Zip)			<b>Age of Applicant</b>
<b>Physical Address if Different</b> (Street, House Number, Town, State, and Zip)			
<b>How many companion animals do you own that are not spayed or neutered?</b>	<b>Are you a VT resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>What county do you live in?</b>	

## Animal Information

Please provide the following information for each animal for which you are seeking assistance to spay or neuter. VSNIIP wants you to apply for **ALL** intact animals you currently own. Use an extra sheet of paper if necessary & include all requested information.

	<b>I am applying for</b> (please list one per line- Cat, Dog, or Wolf Hybrid):	<b>Name</b>	<b>Color</b>	<b>Sex</b> (M/F)	<b>Age</b> (months or years)	<b>Breed</b> (Dogs Only)	<b>Approx. Weight</b> (Dogs Only)
Animal #1							
Animal #2							
Animal #3							
Animal #4							

<b>For the animals listed above, please answer how each of them was obtained.</b>	<b>Found as a stray</b>	<b>Given to me</b>	<b>Purchased - You MUST list the amount you paid for each animal</b>	<b>Adopted from Humane Society/Rescue Org - You MUST list which organization and how much you paid</b>	<b>Other - Please explain</b>
Animal #1					
Animal #2					
Animal #3					
Animal #4					

**Please complete *either* Section A or Section B, not both.**

### **Benefit & Income Information**

#### **Section A: Public Benefits (If no one in your household receives public benefits from the programs listed below, skip to Section B)**

If you or someone in your household **is** receiving benefits from one or more programs listed below, please check **all** that apply. Participation in one of the following programs does not automatically qualify you to receive assistance through VSNIP.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 3SquaresVT (Food Stamps)          | <input type="checkbox"/> TANF: Reach Up, Reach First, Reach Ahead, PSE | <input type="checkbox"/> Fuel Assistance |
| <input type="checkbox"/> Section 8: Rental Assistance      | <input type="checkbox"/> Medicaid                                      |  |
| <input type="checkbox"/> Essential Person                  | <input type="checkbox"/> Supplemental Security Income (SSI)            |  |
| <input type="checkbox"/> Women, Infants and Children (WIC) |  |  |

### **Documentation of Public Benefits**

**You must submit supporting documents to show proof you are receiving public benefits from one of the programs listed above.** The following are the **only** supporting documents that will be accepted. Supporting documents must be dated within the past 60 days of the date of your application. Any other forms of supporting documents will not be considered, and failure to submit supporting documents will result in the denial of your application. When sending supporting documents, please send copies as originals will not be mailed back.

1. A print out of your benefits from [www.mybenefits.vermont.gov](http://www.mybenefits.vermont.gov)
2. A letter from the Benefits Service Center (BSC) stating what benefits you have received in the past 60 days. You can reach BSC at 1-800-479-6151.
3. A “Notice of Decision” letter from the State, only accepted if it is dated within the past 60 days of the date of your application.
4. For proof of Section 8, a written statement from the State Housing Authority stating what your total gross monthly household income is.
5. For proof of WIC, the current month’s “Proof of Delivery” form.
6. For proof of SSI, a “Verification of Benefits” letter from Social Security dated within the past 60 days of the date of your application. You can obtain this letter by registering for a *My Social Security* account at [www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount), or through the mail, or by calling 1-800-772-1213. If you are receiving a monthly payment **above \$762.04 per person then you are *not* receiving SSI**. Payments above this amount means you are receiving another benefit from SSA, and are not receiving SSI.

**Please complete *either* Section A or Section B, not both.**

**Section B: Gross Monthly Household Income** (If you completed Section A, don't complete this section)

Include the **total gross monthly income** (*income before deductions such as taxes*) for **all** members of your household. The definition of a "household" is one or more related or non-related individuals who are living together as one economic unit.

Earned Income

**Total Gross Household Income**

Total # of people in your household (including yourself)? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

a) Wages, salaries, tips, etc

\$

b) Self-employment income (such as farming, carpentry, lawn care, home party sales, logging, property rental, child or adult care or other business)

\$

Acceptable forms of income documentation are paystubs (must show gross income) or a print out from your employer showing your gross income for the **past 30 days**.

If self-employed, you **must** send in copies of your most recent federal income tax return including all W2's, forms, and schedules or a statement from the person paying you for the **past 30 days**. If you have not filed taxes, send a statement of business income and expenses for the **past 30 days**.

Unearned Income

**Total Gross Household Income**

c) Social Security (SSA)

\$

d) Veteran's Benefits

\$

e) Unemployment Compensation/ Worker's Compensation

\$

f) Interest & dividends (e.g., US, state and municipal bonds)

\$

g) Child Support, alimony

\$

h) Retirement

\$

i) Rental Income

\$

j) Pensions & annuities, taxable and nontaxable

\$

k) Other, please specify:

\$

**TOTAL GROSS INCOME (add lines a through k)**

\$

You **must** submit income documentation for the **past 30 days**.

When sending supporting documents, please send copies as originals will not be mailed back.

## Certification

I am aware VSNIP is a public program funded by an extra fee collected from every dog registration, and is limited in its resources. **I give my word, under penalty of perjury, that the information in this application is correct and complete to the best of my knowledge and belief.** I understand that I am responsible for the accuracy of the information given in this application, including information about my spouse or civil union partner.

**I am also aware that I may be subject to the criminal sanctions of 13 V.S.A § 3016 for false, misleading, or untrue representations in the application process or use of a voucher.**

By signing this application, I certify and agree to the following:

- That my animal was acquired for free or for a nominal fee of no more than \$75.00.
- I consent to a rabies vaccination (if needed), pre-surgical immunization and sterilization for my animal.
- I agree to license or register my dog in my town of residence.
- I am responsible for a **\$27 co-payment** to the vet's office no later than the time my animal is presented for surgery.
- That I am the owner of the animal(s) listed above.
- I understand that if I am found to have used the voucher for an animal that I do not own or for an animal not listed on the voucher, I will not be allowed to receive assistance through VSNIP in the future.
- I understand I am responsible for any additional services I request fees associated with complications from surgery, and additional fees if my animal is pregnant/in heat or has fleas. Please speak with the vet's office regarding **optional** procedures **before** the day of surgery.
- I understand the return of a voucher will qualify my animal for the surgery, and one distemper/rabies vaccines. **I understand I will have 42 days from the approval date to use the voucher.**
- I understand that the voucher issued to me shall only be used for the animal listed on the voucher, and that vouchers are not transferrable.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application is valid for 60 days after the owner's signature date.

### **Stop! Have you:**

- ☐ **Provided all information asked, including complete and accurate phone number and mailing address?**
- ☐ **Signed your application?**
- ☐ **Included proof of eligibility? Applications cannot be approved without proof of eligibility**
- ☐ **Included additional postage on the envelope, if you are sending more than 5 pages? Envelopes with more than 5 sheets of paper will require additional postage.**

**Please note:** Do not call to schedule an appointment with a vet until you have received your voucher(s) in the mail. Your application is not approved until you have voucher(s) from VSNIP in hand.

**Please mail completed and signed applications to:**  
**Department for Children and Families**  
**Economic Services Division**  
**Attn: VSNIP**  
**280 State Drive**  
**Waterbury, VT 05671**

## **VT SPAY NEUTER INCENTIVE PROGRAM (VSNIPI)**

### **PROGRAM INFORMATION & FREQUENTLY ASKED QUESTIONS (FAQs)**

Please review the following information BEFORE completing the VSNIPI application. Please contact us at 1-855-478-7647 if you have any questions. The purpose of VSNIPI is to reduce the overpopulation of companion animals by assisting income eligible Vermonters with certain costs associated with spay and neutering. This is a limited, discretionary public benefit program that is funded by an extra fee collected from every dog registration, and is limited in its resources.

**Q: How do I qualify for VSNIPI?**

**A:** You may qualify for VSNIPI by providing proof that you are receiving assistance from one of the listed programs on the application or have a total gross household income below 185% of the federal poverty limit, and acquired your animal at a nominal fee (no more than \$75.00) or for free.

**Q: What do I send as proof of receiving benefits?**

**A:** You must show proof that you are receiving benefits from one of the listed programs. Proof should be a dated copy of a statement of benefits (within the past 60 days), and must be returned with the completed application. The copy you send in will not be returned to you.

**Q: How long will it take for the application to be processed?**

**A:** If a fully completed application is submitted with proof of eligibility, the application will be completed within five business days of receipt. Once the application is approved, a voucher will be mailed out to you and must to be used within 42 days.

**Q: What happens if my application is denied?**

**A:** If your application is denied, you may request a Variance and seek approval as an exception to the Rule by writing to the State.

**Q: How many animals can I have spayed or neutered under VSNIPI?**

**A:** It is recommended that you have *all* dogs and cats in your care spayed/neutered at this time. VSNIPI is not intended to be used repeatedly. The intention is to reduce the over-population problem that forces the euthanasia of hundreds of healthy animals yearly.

**Q: When will I pay the \$27.00 per animal co-pay?**

**A:** The day you present your animal to the vet's office for surgery.

**Q: What does my \$27.00 co-pay cover?**

**A:** The co-pay covers the pre-surgical exam (regardless of *when* it is performed), surgery, anesthesia, pain medication *before* and *during* the surgery, removal of sutures, overnight stay if indicated, and rabies and one distemper vaccine.

**Q: What does my co-payment not cover?**

**A:** The co-payment does *not* cover the costs of additional items that may be recommended or charged due to 'complications of surgery'. Examples are: if an animal is in heat or pregnant, repair of hernias, pyometra and treatment of fleas & ticks. Please ask your veterinarian about these possible charges prior to surgery.

Complications that may arise **after** surgery are not covered through VSNIPI. Examples include but are not limited to infection, incision repair; sutures chewed out or removed prematurely in any way.

**Q: Is pain medication following the surgery to take home an extra fee?**

**A:** Yes. There are several types of pain relief medication and the costs vary. Discuss this important option before leaving the vet office.

**Q: Do all veterinarians perform pediatric spay/neuter (surgery on puppies and kittens under 6 months of age)?**

**A:** No. Some veterinarians prefer not to perform surgery on pediatric patients. Please check with your veterinarian before applying since vouchers are only valid for 42 days.